

NEEDS UPON DISCHARGE												
PRE-DISCHARGE	<b>Individual's Motivation for Discharge:</b>					<b>Revised Motivation for Discharge</b> <i>(Initial and Date each entry)</i>						
	1	2	3	4	5	1. Circle One	1	2	3	4	5	Initial/Date
	<i>Not Motivated</i>	<i>Slightly Motivated</i>	<i>Ambivalent</i>	<i>Moderately Motivated</i>	<i>Highly Motivated</i>	2. Circle One	1	2	3	4	5	Initial/Date
						3. Circle One	1	2	3	4	5	Initial/Date
	Anticipated Date of Discharge: _____					Revised Anticipated Date of Discharge: _____						
	Individual's Preferences upon Discharge: _____											
MEDICAL	<input type="checkbox"/> Assess Needs <input type="checkbox"/> Routine Health Maintenance <input type="checkbox"/> Medical Follow-up for <i>(specify below)</i> :											
	<input type="checkbox"/> Lab Work for _____ Frequency _____					1. _____ Frequency _____						
	<input type="checkbox"/> Lab Work for _____ Frequency _____					2. _____ Frequency _____						
	<input type="checkbox"/> Other: _____					3. _____ Frequency _____						
						4. _____ Frequency _____						
						5. _____ Frequency _____						
	Revisions/Updates <i>(Initial and Date each entry)</i>											
	<input type="checkbox"/> _____ <input type="checkbox"/> _____											
MEDICATION	<input type="checkbox"/> Assess Needs <input type="checkbox"/> No Needs (Independent or N/A)											
	<input type="checkbox"/> Weekly packaging of medications <i>(by pharmacy)</i>					<input type="checkbox"/> Assistance with Medi-Planner, <i>How often?</i> _____						
	<input type="checkbox"/> Prompts/Reminders, <i>How often?</i> _____					<input type="checkbox"/> Education <i>(specify purpose)</i> _____						
	<input type="checkbox"/> Observation, <i>How often?</i> _____					<input type="checkbox"/> Other: _____						
	<input type="checkbox"/> Medication Administration, <i>How often?</i> _____											
	Revisions/Updates <i>(Initial and Date each entry)</i>											
	<input type="checkbox"/> _____ <input type="checkbox"/> _____											
SUBSTANCE ABUSE	<input type="checkbox"/> Assess Needs <input type="checkbox"/> No Needs (Independent or N/A)											
	<input type="checkbox"/> SA Assessment/Evaluation					<input type="checkbox"/> Family/significant other education						
	<input type="checkbox"/> Education					<input type="checkbox"/> Acknowledge abuse						
	<input type="checkbox"/> On-going support to facilitate recovery					<input type="checkbox"/> Maintain sobriety						
	<input type="checkbox"/> Other: _____											
	<input type="checkbox"/> Other: _____											
	Revisions/Updates <i>(Initial and Date each entry)</i>											
	<input type="checkbox"/> _____ <input type="checkbox"/> _____											
PSYCHIATRIC/THERAPEUTIC	<input type="checkbox"/> Assess Needs <input type="checkbox"/> No Needs (Independent or N/A)											
	<input type="checkbox"/> Medication follow-up, <i>How often?</i> _____					<input type="checkbox"/> Family/significant other education						
	<input type="checkbox"/> Coordination of services					<input type="checkbox"/> Family/couples issues						
	<input type="checkbox"/> On-going support to facilitate recovery					<input type="checkbox"/> Anger/conflict management						
	<input type="checkbox"/> On-going symptom management					<input type="checkbox"/> Interpersonal skills training						
	<input type="checkbox"/> On-going risk assessment					<input type="checkbox"/> Coping skills						
	<input type="checkbox"/> Special Issues to be addressed : _____											
	<input type="checkbox"/> Other: _____											
	Revisions/Updates <i>(Initial and Date each entry)</i>											
	<input type="checkbox"/> _____ <input type="checkbox"/> _____											
Department of Mental Health, Mental Retardation, and Substance Abuse Services						ADDRESSOGRAPH						
Needs Upon Discharge/Discharge Plan Form												
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## NEEDS UPON DISCHARGE

<b>DAILY LIVING</b>	<p><b>Hygiene</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent)</span></p> <p><input type="checkbox"/> Assess Needs</p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Prompts/Reminders, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> Periodic monitoring/assistance, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> To be provided by others</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Transportation</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p><input type="checkbox"/> Assess Needs</p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Skill development to use public transportation</p> <p><input type="checkbox"/> Assistance, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> To be transported by others</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Money Management</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p>Able to manage an allowance? <i>Yes No Needs Assessment</i></p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Periodic monitoring/assistance, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> Overall money management to be provided by others</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Employment</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p>Interested in employment? (<i>circle</i>) <i>Yes No Needs Assessment</i></p> <p style="padding-left: 20px;">If <i>Yes</i>, goals: _____</p> <p>Able to Work? (<i>circle</i>) <i>Yes No Needs Assessment</i></p> <p><input type="checkbox"/> Assessment (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Education/Training/Skill Development (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Assistance (<i>describe</i>) _____</p> <p><input type="checkbox"/> Supervision (<i>describe</i>) _____</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Revisions/Updates</b> (<i>Initial and Date each entry</i>)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><b>Nutrition</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent)</span></p> <p><input type="checkbox"/> Assess Needs</p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Periodic monitoring/assistance, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> Meals prepared by others</p> <p><input type="checkbox"/> Other Dietary Needs/Restrictions (<i>specify</i>) _____</p> <p><input type="checkbox"/> _____</p> <p><b>Shopping</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p><input type="checkbox"/> Assess Needs</p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Periodic monitoring/assistance, <i>How often?</i> _____</p> <p style="padding-left: 20px;"><i>Describe</i> _____</p> <p><input type="checkbox"/> To be provided by others</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> _____</p> <p><b>Leisure/Socialization</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p><input type="checkbox"/> Assess Needs</p> <p><input type="checkbox"/> Education (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Social skills development</p> <p><input type="checkbox"/> Activities planned by others</p> <p><input type="checkbox"/> Hobbies/Interests: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> _____</p> <p><b>Education</b> <span style="float: right;"><input type="checkbox"/> No Needs (Independent or N/A)</span></p> <p>Under age 18? (<i>circle</i>) <i>Yes No</i></p> <p>Highest grade completed: _____</p> <p>Interested in formal education? <i>Yes No Needs Assessment</i></p> <p style="padding-left: 20px;">If <i>Yes</i>, goals: _____</p> <p><input type="checkbox"/> Assessment (<i>specify purpose</i>) _____</p> <p><input type="checkbox"/> Attend school/college, <i>Grade level?</i> _____</p> <p><input type="checkbox"/> Complete GED</p> <p><input type="checkbox"/> Special Needs (<i>specify</i>): _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> _____</p>
	<b>LEGAL</b>	<p>Competent to make decisions? (<i>circle</i>) <i>Yes No Minor</i></p> <p>Has LAR in Facility? <i>Yes No</i> If <i>Yes</i>, name _____</p> <p>Has LAR in Community? <i>Yes No</i> (<i>continue below</i>)</p> <p style="padding-left: 20px;">If <i>No</i>, is LAR needed? <i>Yes No</i> (<i>circle type needed below</i>):</p> <p style="padding-left: 40px;"><i>Legal Guardian Power of Attorney Advanced Directive Other</i></p> <p style="padding-left: 20px;">If <i>Yes</i>, name of LAR _____ (<i>circle type below</i>):</p> <p style="padding-left: 40px;"><i>Legal Guardian Power of Attorney Advanced Directive Other</i></p> <p><b>Revisions/Updates</b> (<i>Initial and Date each entry</i>)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>

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Substance Abuse Services

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ADDRESSOGRAPH

NEEDS UPON DISCHARGE			
<b>FINANCIAL</b>	<i>Specify status of benefits (applied, approved, not eligible, etc.)</i>		
	<input type="checkbox"/> SSI \$_____/month Status:_____	<input type="checkbox"/> Family Support	<input type="checkbox"/> Food Stamps
	<input type="checkbox"/> SSDI \$_____/month Status:_____	<input type="checkbox"/> CSA funding	<input type="checkbox"/> General Relief
	<input type="checkbox"/> Medicaid Type/Status:_____	<input type="checkbox"/> Pension \$_____/month	<input type="checkbox"/> VA Benefits_____
	<input type="checkbox"/> Medicare: Part A&B    Part A only    Part B only    Needs Application	<input type="checkbox"/> Special Project (specify) _____	<input type="checkbox"/> Other:_____
	<b>Revisions/Updates (Initial and Date each entry)</b>		
	<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>HOUSING</b>	<input type="checkbox"/> No Needs/Return to prior housing_____		
	<input type="checkbox"/> Assess Needs		
	<input type="checkbox"/> Obtain new living situation		
	<input type="checkbox"/> Special Conditions:_____		
	<input type="checkbox"/> Live alone		
	<input type="checkbox"/> Live with family/significant others_____		
	<input type="checkbox"/> Live with others, Maximum #? _____ Same Sex? Yes No		
	<input type="checkbox"/> Must live in specific area (specify)_____		
	<input type="checkbox"/> Other:_____		
	<b>Revisions/Updates (Initial and Date each entry)</b>		
	<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>SUPERVISION</b>	<input type="checkbox"/> Assess Needs		
	<input type="checkbox"/> Supervision 24 hours per day, 7 days per week/Overnight staff must be (circle) Awake or On-site		
	<input type="checkbox"/> Individual must be supervised <u>directly</u> at all times? Yes No Explain: _____		
	<input type="checkbox"/> Other Supervision (specify hours/day, days/week, purpose, etc.) _____		
	<input type="checkbox"/> No Needs		
	<b>Revisions/Updates (Initial and Date each entry)</b>		
	<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>TRANSITION</b>	Need for Transition to Community? (circle) Yes No Needs Assessment If Yes, specify needs below:		
	_____		
	_____		
	_____		
<b>CRISIS</b>	Need for Specialized Crisis Plan? (circle) Yes No (routine plan) Specify issues to be addressed below:		
	_____		
	_____		
	_____		
<b>OTHER</b>	<input type="checkbox"/> Assess Needs		
	<input type="checkbox"/> Religious:_____		
	<input type="checkbox"/> Cultural:_____		
	<input type="checkbox"/> Other:_____		
	<input type="checkbox"/> No Needs		
	<b>Revisions/Updates (Initial and Date each entry)</b>		
	<input type="checkbox"/> _____ <input type="checkbox"/> _____		
<b>SIGNATURES</b>	<b>Completed by (facility staff):</b>		
	_____		
	Signature Title Date		
	_____		
	Individual Receiving Services Date		
	_____		
	Legally Authorized Representative Date		
	<b>Revisions/Updates (facility staff):</b>		
	_____		
	Initials/Signature Title Date		
	_____		
	Initials/Signature Title Date		
	_____		
	Initials/Signature Title Date		

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